

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

246888

STATE FILE NUMBER

Registration District No.

294

Primary Registration District No.

3056

Registrar's No.

204

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Moberly</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Moberly</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wabash Employees' Hospital</b>				Length of stay in lb <b>Admitted 7/13/56</b>		d. STREET ADDRESS (If outside, give location) <b>423 S. Fifth</b>	
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>CLINTON</b> Last <b>CONNELL</b>				4. DATE OF DEATH Month <b>July</b> Day <b>21st</b> Year <b>1956</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 23, 1880</b>		9. AGE (In years last birthday) <b>76</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash RR Company</b>		11. BIRTHPLACE (City and state or country) <b>Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Burton J. Connell</b>				14. MOTHER'S MAIDEN NAME <b>Georgeann Connor</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>702-05-9250</b>		17. INFORMANT Address <b>Mrs. Evelyn Connell, Moberly, Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>  Conditions, if any, which gave rise to above cause (a): stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Arteriosclerosis, generalized</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>  <b>Years(?)</b>  <b>" "</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>331X</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE. HOMICIDE <b>Not applicable</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <b>a. m.</b> Month <b>p. m.</b> Day <b>Year</b>							
20d. INJURY OCCURRED <b>Not applicable</b>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>July 17, 1956</b> to <b>July 21st</b> and last saw <b>him</b> alive on <b>July 20, 1956</b> Death occurred at <b>6:45 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>L. E. McMurtry M.D.</b>				22b. ADDRESS <b>Wabash Employees' Hospital Moberly, Missouri</b>		22c. DATE SIGNED <b>7/23/56</b>	
23a. BURIAL (Specify) <b>Burial</b>		23b. REMOVAL (Specify) <b>7-23rd, 1956</b>		23c. LOCATION (City, town, or county) <b>Oakland</b>		23d. (State) <b>Moberly, Mo.</b>	
24. FUNERAL DIRECTOR <b>Mahan and Son, Moberly, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>7/23/56</b>		26. REGISTRAR'S SIGNATURE <b>Reuben Lowe</b>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 13 1958

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NOV 13 1958

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Frank J. DeWitt*

Licensed Embalmer No. *30*

P. O. Address *Proctor*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.